



MERRIMACK FIRE DEPARTMENT
FIRE PREVENTION
LP TANK PERMIT
OFM-FRM-001

Tax Map
Parcel _____
Permit Fee: _____
Total \$ _____
☐ Paid with Permit
☐ Cash
☐ Check # _____
Official Use Only

Site location: _____
Property Owner _____ Phone # _____

Description of Work: ☐ Commercial ☐ Residential

☐ See attached Documents/ Plans

- | | |
|---|---|
| <input type="checkbox"/> RESIDENTIAL 1 OR 2 FAMILY, \$25.00 EACH TANK | NUMBER OF TANKS _____ |
| <input type="checkbox"/> ALL OTHER LOCATIONS, \$50.00 EACH TANK | NUMBER OF TANKS _____ |
| <input type="checkbox"/> EXCHANGE CAGE, \$50.00 EACH CAGE | NUMBER OF CAGES _____ |
| <input type="checkbox"/> NEW | <input type="checkbox"/> TEMPORARY TANK |
| <input type="checkbox"/> SWAP TANK/S | <input type="checkbox"/> GAS LINE ONLY |

Tank Type

- ☐ ABOVE GROUND ☐ UNDERGROUND

Required Protection

- ☐ Bollards # _____
☐ Other _____

Inspection of Gas Piping Required after All Piping is in Place. Air Tested to 3 – 5 PSI

**** **24 HOUR NOTICE IS REQUIRED FOR INSPECTION** ****

(603)-424-3690

Installer: _____
Company: _____
Address: _____
City _____ ST _____ Zip _____

NH Gas Fitters License # _____
Contact Phone #: _____
Signature _____
* Provide appropriate current NH license with Photo ID

- ☐ I Certify that I have the authority to sign for the property owner listed above, and will be installing all the work according to the state of NH adopted building codes.

- ☐ I Certify that I am the owner of the property listed above, and will be installing all the work according to the state of NH adopted building codes.

Signature of Applicant

Signature of Owner

APPROVED BY: _____
Authorized Signature Date

IT'S YOUR RESPONSIBILITY
CALL DIG SAFE (888) 344-7233 IT'S THE LAW